

Mobility Aids

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Background

- Medicaid mobility aids (MA) policy resides in two sections of Texas Medicaid Provider Procedures Manual (TMPPM)
 - Volume 2: Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook
 - Referred to as Home Health
 - Volume 2: Children's Services Handbook
 - Referred to as CCP (Comprehensive Care Program)

Topics Covered

- Clinical indications for mobility aids and how that may impact the provisions of occupational and physical therapy services
- Medical necessity of mobility aids
- Roles in MA seating assessment process
 - Physician
 - Occupational or physical therapist
 - Qualified rehabilitation professional (QRP)
- Medicaid medical benefit policy on MA, including areas currently under review
- Devices covered as a benefit
- Considerations for prior authorization (PA)
- Overview of the billing codes Medicaid recognizes

Clinical Indications for MA

- Motor development begins to slow or plateau
- Traumatic illness or injury
- Impairments may be involve weakness, orthopedic issues, endurance, seizure activity, and more
- MA can help ameliorate impairments in functional independence
- MA may also play a role in prevention and management of secondary complications

Gross Motor Function Classification System levels (GMFCS)

- Five-level classification that differentiates children and youth with cerebral palsy (CP) based on
 - Current gross motor abilities on basis of self-initiated movement
 - Limitations in gross motor function
 - Need for assistive technology and wheeled MA
- Reliable method of classifying children with CP into categories to assist with management decisions
- Links need for MA with gross motor abilities
- Delineates an increased influence of environmental factors on MA use as children age
 - Community access
 - Endurance

Classification Systems

- GMFCS a product of CanChild Center
- Validated on children and youth with CP, but has been applied to other conditions
- Visual presentation that depicts function
- A useful visual tool for prior authorization staff
 - <https://www.canchild.ca/en/resources/42-gross-motor-function-classification-system-expanded-revised-gmfcs-e-r>
- Manual Ability Classification System (MACS) classifies hand use
 - A useful tool when considering power chair controls such as joystick, head array, etc.
 - http://www.macs.nu/files/MACS_English_2010.pdf

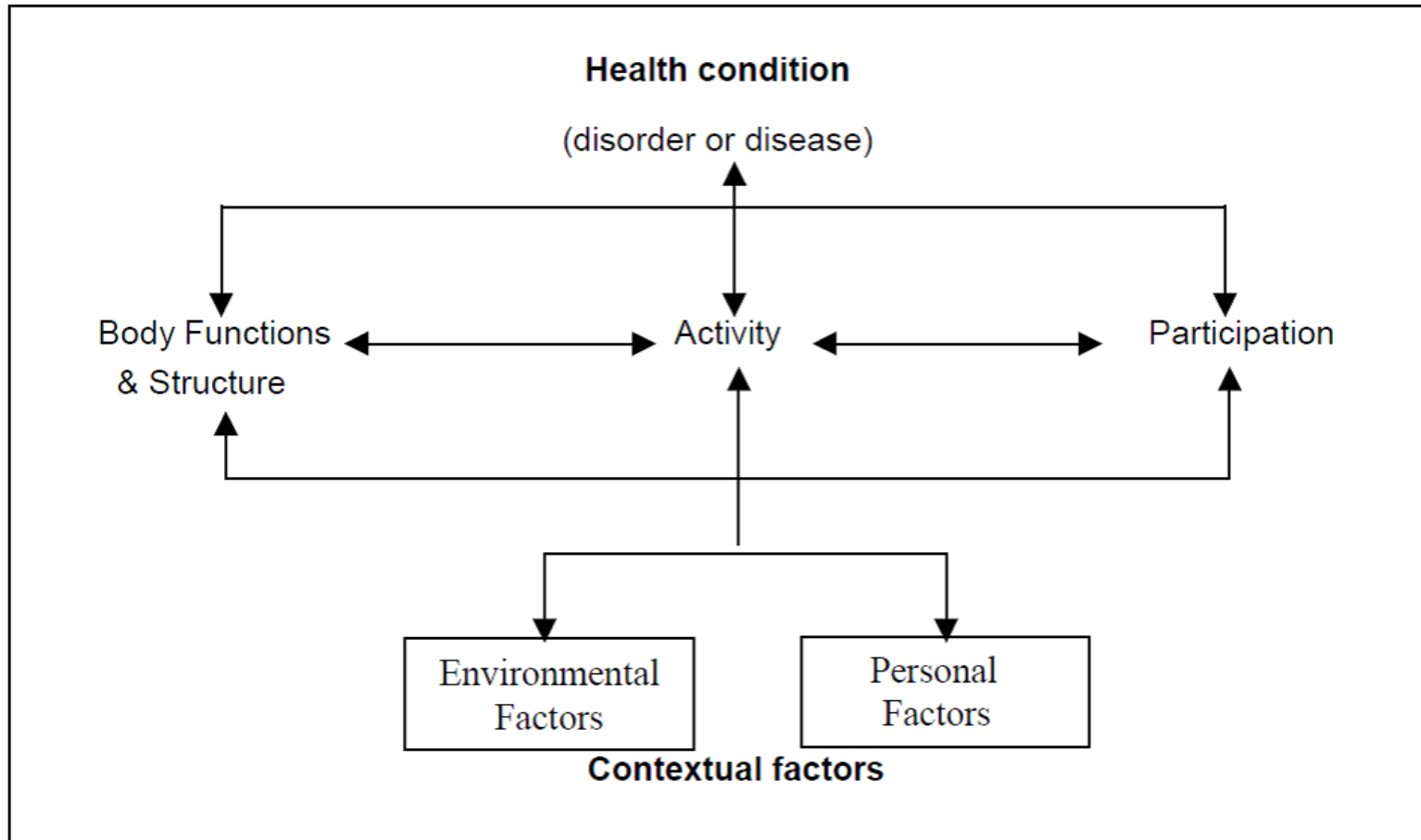
Functions of MA

- Seating and positioning
- Pressure relief
- Postural support
- Facilitated hand use
- Facilitated self care, i.e. bowel and bladder management
- Independent mobility for home and community access
- Support for cognitive and social skills development

Framework for Medical Necessity

- International Classification of Functioning, Disability and Health (ICF)
 - World Health Organization (2001)
 - Children and Youth Version (2007)
- Standard language and a conceptual basis for the definition and measurement of health and disability
- Describes function and impairment on 3 levels
 - Body structure/function
 - Activity
 - Participation
- Elucidates contextual factors that influence function
 - Environmental
 - Personal

ICF



ICF Application to Mobility Aids

- Example: hypotonia (body structure) causes inability to sit unsupported (activity) resulting in inability to maintain positioning necessary to participate in meals, classroom, etc. (participation)
- Personal factor: client enjoys socializing, wants to eat meals with friends and family
- Environmental factor: home and school setting will accommodate seating system, will fit at tables and can be used to go through lunch line at school

ICF

- Framework to make medical necessity decisions that are in alignment with current standards of care
- Medical need should fall within the ICF framework
 - per policy, it must **be able** to be used in the home but need not be used only in the home

MCO Responsibilities

- Must provide service in the same “amount, duration, and scope” as Medicaid policy
- TAC Rule 353.409
 - (a) An MCO must provide covered services to members. The MCO is not responsible for providing or paying for non-capitated services or members' cost sharing obligations, if any.
 - (b) HHSC will establish the scope and level of benefits, which all MCOs must agree to provide as a condition for participation. In accordance with 42 C.F.R. §438.210, the scope of benefits must be provided at least in an amount, duration, and scope available to Medicaid fee-for-service clients, unless otherwise explicitly authorized by HHSC through a waiver. The amount, duration, and scope of benefits may exceed the scope of fee-for-service in accordance with subsection (f) of this section. These requirements will be contained in all contracts entered into by an MCO and HHSC.

Policy Guidelines for MA

TMPPM 2.2 Services, Benefits, Limitations and Prior Authorization

- **Home health services include:**
 - Home health skilled nursing (SN)
 - Home health aide (HHA)
 - Physical therapy (PT)
 - Occupational therapy (OT) services
 - Durable Medical Equipment (DME)
 - Expendable medical supplies that are provided to eligible Medicaid clients at their place of residence.
- **Note:** THSteps-eligible clients who qualify for medically necessary services beyond the limits of this Home Health Services benefit may receive those services through CCP.

Medical Necessity in Policy

TMPPM 2.2.2 Durable Medical Equipment (DME) and Supplies

- The DME must be used for medical or therapeutic purposes, and supplied through an enrolled DME provider in compliance with the client's POC.
- DME must:
 - Be medically necessary due to illness or injury or to improve the functioning of a body part
 - Meet the client's existing medical and treatment needs
 - Be considered safe for use in the home

Policy Guidelines for MN

Children's Services handbook:

- **2.6.2 Services, Benefits, and Limitations**
 - Medicaid clients who are birth through 20 years of age are entitled to all medically necessary DME and expendable medical supplies. DME or supplies are medically necessary when required to correct or ameliorate disabilities or physical or mental illnesses or conditions.
 - Any numerical limit on the amount of a particular item of DME or expendable medical supply can be exceeded if medically necessary for Medicaid clients who are birth through 20 years of age. Likewise, time periods for replacement of DME and expendable medical supplies do not apply to Medicaid clients who are birth through 20 years of age if the replacement is medically necessary.

OT/PT: Functional Goals

- Refer to a series of behaviors or skills that allow the client to achieve an outcome relevant to his/her safety and independence within context of everyday environments
- Must be all of the following:
 - Specific to the client
 - Objectively measurable within a specified time frame
 - Attainable in relation to the client's prognosis or developmental delay
 - Relevant to client and family
 - Based on a medical need

Therapy services

- Required to address functional goals
- MA should generally support other goals related to independence, self-care, safety, and home and community mobility and access
- May decrease as the client becomes more independent with mobility aids and other types of assistive devices (Rosenbaum, et al, 2002)

Medicaid Mobility Aid Policy

TMPPM 2 2.2.15.2 Wheelchairs

- The wheelchair must be able to accommodate a 20 percent change in the client's height or weight.

Growth Allowance

“The wheelchair must be able to accommodate a 20 percent change in the client’s height or weight.”

- Has proven to be too restrictive and confusing to PA
 - Not applicable to some patient populations such as adults with stable weight
- This is under review, but until policy is amended, HHSC has provided alternative direction on growth allowance to TMHP
- HHSC will give MCO official direction about the growth allowance and that will be in place by the end of the year

Growth Allowance

New TMHP PA procedures to try to streamline the process better

- **For Clients 12 Years of Age and Under**
 - If the wheelchair frame allows for at least a 3 inch growth potential in both width and depth accept as sufficient growth potential.
- **For Clients 13 Years of Age through 17 Years of Age**
 - If the wheelchair frame allows for at least a 2 inch growth potential in both width and depth, accept as sufficient growth potential.
- **For Clients 18 Years of Age and Over**
 - If the wheelchair frame allows for at least a 1 inch growth potential in depth and 2 inches in width, accept as sufficient growth potential.

PA Guidelines

Examples of Acceptable Growth Potential Documentation

1. Client's medical condition and its impact to future seating needs due to physical changes and/or growth
2. Client's age and its impact to future seating needs due to physical changes and/or growth
3. Client health status associated with weight gain/loss, or weight stability

Devices Covered in Policy

- Examples include:
 - Manual wheelchairs
 - Power wheelchairs
 - Standers
 - Gait trainers
 - Strollers (CCP)
 - Special Needs Car Seat (CCP)
- **Please see policy for complete list**

Medicaid Seating Assessment

Wheelchair/Scooter/Stroller Seating Assessment Form (CCP/Home Health)

http://www.tmhp.com/Provider_Forms/PA_Forms/F00098_CCP-HHS_Wheelchair_Seating_Assessment_Form.pdf

- **For all wheeled mobility PA**
 - Neurological factors
 - Postural control
 - Medical/Surgical History and Plans
 - Functional Assessment
 - Environmental Assessment
 - **May request school therapist information**
 - Requested Equipment
 - Signatures of OT/PT or Physician and QRP
 - Additional documentation for Power Wheelchairs

MA Assessment

- Critical Components:
 - History/records review
 - Current equipment
 - Interviews/chief complaints or concerns
 - Observation (in locations where person will use equipment)
 - Trial

MA Assessment

- Documentation to support medical need may include:
 - client history
 - physiology
 - prognosis
 - environmental (including safety) factors
 - functional performance factors
 - occupational factors

Power and Manual Wheelchairs

TMPPM 2.2.15.6.3 Documentation Requirements

- When medically necessary, prior authorization may also be considered for the rental or purchase of an alternative wheelchair on a case-by-case basis, as follows:
 - A manual wheelchair will be considered for a client who owns or is requesting a power wheeled mobility system with no custom features.
 - A manual wheelchair or a manual wheeled mobility system will be considered for a client who owns or is requesting a power wheeled mobility system with custom features.

Suggested Documentation

- MCO may use their own PA processes
- May expect brief statement regarding medical need for each requested item
- Documentation should be
 - Objective
 - Individualized
 - Demonstrate person's abilities and needs clearly
 - How diagnosis applies to MA recommendation
 - Describe current equipment

Considerations

- Growth allowance
- Modification/repair vs. replacement
- Planning for power mobility
- Environmental assessment
- Trial period
 - Consider review of video of client using the device if your PA processes allow
- Client and family stated preferences and opinions

Seating Assessment

TMPPM 2.2.15.10 Seating Assessment for Manual and Power Custom Wheelchairs

- Seating assessment with measurements, including specifications for exact mobility/seating equipment and all necessary accessories, completed by a physician, licensed occupational therapist, or licensed physical therapist (OT/PT)
- QRP directly employed or contracted by the DME provider must be present at and participate in all seating assessments, including those provided by a physician
- If OT/PT completes the seating assessment:
 - OT/PT may perform the seating assessment as the therapist or as the QRP but not both roles at the same time.
 - If OT/PT attends the seating assessment as the QRP, the OT/PT must meet the credentialing requirements and be enrolled in Texas Medicaid as a QRP.

Medical Need for Wheeled Mobility

- Overall need determined by physician
- Specific need determined by OT/PT
- QRP: expert on the equipment itself
 - Would not be appropriate to write documentation of medical need
 - Would be appropriate to explain specific features of equipment to address an identified medical need
 - Examples: sizing of equipment, combination of features

Seating Assessment: OT/PT

- Medicaid fee for service policy requires OT, PT or physician signature on seating assessment form
- Best practice:
 - Therapy goals should match and support equipment recommendations, but that is not specified in policy

Seating Assessment: QRP

Texas Human Resource Code 32.0425

- Reimbursement for services related to wheeled mobility systems provided by a QRP is a requirement of Texas Medicaid.
- HHSC is providing the attached guidance to all MCOs.
- As a reminder to STAR+PLUS MCOs, the QRP requirements will apply to services provided to members in nursing facilities.
- For additional information please refer to the above referenced code and the Durable Medical Equipment Handbook in the Texas Medicaid Provider Procedures Manual.

QRP Definition

- TMPPM 2.2.15.6.1 Definitions and Responsibilities
 - A QRP meets one or more of the following criteria:
 - Holds a certification as an Assistive Technology Professional (ATP) or a Rehabilitation Engineering Technologist (RET) issued by, and in good standing with, the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
 - Holds a certification as a Seating and Mobility Specialist (SMS) issued by, and in good standing with, RESNA
 - Holds a certification as a Certified Rehabilitation Technology Supplier (CRTS) issued by, and in good standing with, the National Registry of Rehabilitation Technology Suppliers (NRRTS)

QRP Responsibilities

- TMPPM 2.2.15.6.1 Definitions and Responsibilities
 - The QRP is responsible for:
 - Being present at and involved in the seating assessment of the client for the rental or purchase of a wheeled mobility system.
 - Being present at the time of delivery of the wheeled mobility system to direct the fitting of the system to ensure that the system functions correctly relative to the client.

QRP

- May be:
 - Assistive Technology Professional (ATP)
 - Rehabilitation Engineering Technologist (RET)
 - Seating and Mobility Specialist (SMS)
 - Certified Rehabilitation Technology Supplier (CRTS)
- May provide:
 - Information regarding the function or the device as it relates to medical necessity that is documented by OT/PT or physician
 - May explain or elaborate on why/how devices will meet medical necessity

Power MA Safety and Young Children

- Self-generated mobility has been associated with the development of perceptual, cognitive, and social-emotional skills. Very young children may demonstrate a medical need for power mobility.
- They will need the same amount of supervision as any child would need when learning to walk.
- They should not be expected to be adept at the device during the trial – seating assessment combined with medical history should demonstrate child's **potential** for functional and safe use.

Wheelchairs and Strollers

- Overlap on how they are coded and classified
- May be confusing to PA
- Encourage vendors to use codes specified by Medicaid rather than codes from manufacturer of other policies
- A stroller may be considered for clients under 21

Strollers

- TMPPM Vol. 2 Children's Services Handbook
 - Not in DME handbook because benefit for under 21
- 2.6.10.2.2 Wheeled Mobility System
- Must use procedure code E1035
- Growth allowance not as stringent as for wheelchairs
- Generally for children over 30 lbs. and under age of 3
 - But can be approved outside those limits with documentation of medical necessity

Stroller vs. Wheelchair

- Stroller for very young children where prognosis is not evident
- May be too small for wheelchair
- Family may not be emotionally ready to have a wheelchair – stroller more acceptable

MA Lifespan

TMPPM 2.2.15.24 Accessories, Modifications, Adjustments and Repairs

- Purchased MA are anticipated to last a minimum of five years.
- A major modification to a wheeled mobility system requires the completion of a new seating assessment by a qualified practitioner (physician, OT, or PT), with the participation of a QRP.
- PA for equipment replacement considered within five years of equipment purchase when one of the following occurs:
 - Significant change in the client's condition such that the current equipment no longer meets the client's needs
 - Equipment is no longer functional and either cannot be repaired or it is not cost-effective to repair

MA Lifespan

- 5 years is a guideline, but is not a limit to this benefit
- Strollers not expected to last 5 years
- Consideration may be given to cost of replacement vs. cost of repair

Vendors/QRPs as Resources

- We recently had a “vendor fair” at TMHP.
- PA staff were able to see items along with their codes and were able to see how they functioned.
- QRPs were available to do demonstrations and answer questions.
- Some vendors offer approved CEUs on seating and mobility.

General Principles

- Age, at either end of the spectrum, does not preclude benefitting from MA
- MA should provide a clear functional benefit, such as:
 - Independence
 - Safety
 - Preventions of secondary complications (can be physical, social, cognitive complications)

Questions and Resources

- Any inquiries about the Medicaid Mobility Aids policy can be sent to Leslie Smart at:
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512-730-7414

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